

**Maine Department of Health and Human Services
Office of Substance Abuse and Mental Health Services
Certified Intentional Peer Support (CIPS) Program Core Training Application**

Name: _____
Mailing Address: _____
Town/city: _____ Zip Code: _____
Email: _____
Telephone: Day: _____ Evening: _____

Are you 18 years of age or older? YES ___ NO ___

Can you identify yourself as a person who has experienced a mental health challenge that has seriously impacted your life and relationships for an extended period of time?

YES ___ NO ___

What is the highest level of education you have completed?

- | | |
|--|---|
| <input type="radio"/> 8 th grade or less | <input type="radio"/> Technical school graduate |
| <input type="radio"/> Some high school | <input type="radio"/> Associate degree |
| <input type="radio"/> High school graduate or GED | <input type="radio"/> College graduate |
| <input type="radio"/> Some technical school or college | <input type="radio"/> Postgraduate degree |

Have you completed Peer Support 101? YES ___ NO ___ Date of Training _____

and / or

Have you completed Healthy Connections? YES ___ NO ___ Date of Training _____

Personal Commitment

Maine's Certified Intentional Peer Support Program requires a significant commitment of time and energy. The initial commitment involves completion of a web-based training and 9 days of classroom training. Substantial amounts of reading, homework, review worksheets, full classroom participation and a written proficiency test will be required before the conclusion of the Core Training. Please consider your ability to commit time and energy to this project before applying.

Do you plan to pursue certification as a Certified Intentional Peer Support Specialist (CIPSS) YES ___ NO ___

If no – are you interested in the possibility? YES ___ NO ___

Preference will be given to persons who are currently employed/volunteering or have an offer of employment in a peer support position that requires Intentional Peer Support Specialist Certification.

Are you currently volunteering? YES___ NO___

Are you currently employed? YES___ NO___

If not, have you received an offer of employment if trained? Please explain.

Is this training and certification a requirement for your employment? YES___ NO___

Please list contact information of your current or potential employer or volunteer coordinator:

Agency or Company name _____

Supervisor _____

Do you work within any of the following programs (circle one)?

Warm Line Respite Emergency Department Behavioral Health Home

ACT PATH State Hospital Other _____

Have you received any peer support training through your **current** employer or volunteer work? YES___ NO___

Have you already attended any co-reflections through the CIPS Program? YES___ NO___

I completed this application myself..... YES___ NO___

Someone assisted me to complete this application..... YES___ NO___

Someone else completed this application for me. YES___ NO___

Accommodations Requested: _____

I understand that all sessions are mandatory.

I commit to participate in the training to the fullest extent of my abilities.

I attest that all answers in this application are true to the best of my knowledge.

Signature: _____ Date: _____

Please answer each of the following questions, and remember there are no right or wrong answers. We expect you to be thoughtful and thorough: the questions are intended to inform the committee of your personal perspective.

Some questions have two parts, scored separately, and a complete answer reflects your skills and experiences. Unanswered questions result in a score of 0.

If you need additional space for your answers, please include attachments as necessary.

1. A. Please list any classes or training you have taken (other than Peer Support 101 or Healthy Connections) that relate to your understanding of wellness, resiliency, recovery, and/or peer support.

Name of Training	Topics Covered	Date (s)	Who provided the training?

B. Please list any relevant support groups you've been involved in as a participant (not solely as a facilitator or group leader).

2. How do you imagine this training could impact your own life and relationships?

3. Please describe how you relate to others with different backgrounds and viewpoints, **and** give an example:

4. What experiences or strategies **other than** traditional* mental health services have been important in cultivating your mental health wellness? (* Traditional Mental Health services may include: Medication Management, Therapy, Day Support, Intensive Outpatient, CBT, DBT, Partial Hospitalization)

5. Can you describe a turning point or transformational experience that helped you through a specific mental health challenge, and when did that take place?

6. What do you think creates well-being for people?

7. Please describe how you envision using your experience in practicing peer support with other individuals, and how it might impact the larger community?

8. Describe an activity you have been involved in that represents commitment and follow through.

9. What will be your greatest challenge in attending and participating in the training **and** how will you address that challenge?

Please return this completed application together with three personal references using the form provided to the address shown below. If you are working or volunteering, at least one of these references must be from a supervisor. Each reference should complete the form, seal it in an envelope, sign his/her name across the seal outside the envelope, and return it to the applicant so it can be included in one package with the application.

Application packages should be mailed to Recovery Team/SAMHS at the following address:

ATTN: CIPS Program
Recovery Team/SAMHS
41 Anthony Avenue
SHS 11
Augusta, ME 04333-0011

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